The Role of Deployment-Related Clinical Practice Guidelines in Primary Care

17 Aug 07

Presentation Objectives

♠ Provide a brief overview of VA/DoD clinical practice guidelines for deployment-related medical and behavioral health conditions

♠ Describe the tools and resources supporting the guidelines

♠ Describe implementation of the guidelines in the military

Clinical Practice Guidelines
Defining "the Right Thing To Do"

♠ "…systematically developed statements to assist practitioner and patient decisions about appropriate health care services for specific clinical circumstances." Institute of Medicine, 1992

♠ Generic tools to:
  • Improve processes of care for patient cohorts
  • Reduce errors
  • Provide consistent quality of care and utilization of resources throughout the healthcare system
  • Serve as cornerstones for accountability
  • Facilitate learning and the conduct of research

♠ Must be applied in the context of a provider's clinical judgment

VA/DoD Clinical Practice Guidelines

- ♠ DoD and VA collaborating on CPGs since 1988
  - Adapting internationally recognized, evidence-based CPGs for military and veterans healthcare systems
  - CPGs chosen based on readiness needs of military and high-volume, high cost conditions

- ♠ Developed by multi-disciplinary representatives from DoD, Army, Navy, Air Force, and Veterans Health Administration

- ♠ Include supporting material, tool kits and metrics

- ♠ 24 CPGs as of January 2007

What are Clinical Practice Guideline "Tool Kits"?

♠ Tool Kits are a collection of:
- Provider tools (e.g., reference cards, forms, videos)
- Patient education material (e.g., handouts, posters, videos)

♠ Tools are a strategy for supporting changes in practice
- Assist in enhancing quality of care
- Provide systematic method for measuring progress in improving processes and outcomes of care
- Periodic update allows changes in system process

♠ Centrally produced products can be replicated by all MTFs
- Prevent the need to "reinvent the wheel" at each MTF
- Standardization is easier for staff and patients who move to different facilities within DoD

Who Is Responsible for CPG Policies/Dissemination?

♠ Command Level
- Army – USA MEDCOM Quality Management Office (QMO)
- Air Force – AFMS Population Health Office
- Navy – BUMED Clinical Operation

♠ Medical Treatment Facility Level
- Army – Utilization Management/ Quality Management
- Air Force – Health Care Integrators
- Navy – Determined locally

ARROYO CENTER CENTER FOR MILITARY HEALTH POLICY RESEARCH

Putting Practice Guidelines to Work in the Department of Defense Medical System

A Guide for Action

Will Nicholas
Donna O. Farley
Mary E. Vaiana
Shan Cretin

Veteran's Affairs/Department of Defense

MANUAL FOR FACILITY CLINICAL PRACTICE GUIDELINE CHAMPIONS

Patient
Provider
Care Team
Guideline Toolkit

U. S. Army Medical Command, Health Policy and Services Directorate, Quality Management Division, Evidence-Based Practice Section
2050 Worth Road, Suite 26, Fort Sam Houston, TX 78234-6026
www.QMO.amedd.army.mil

1 February 2004

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

Military Health System – Clinical Quality Management (MHS-CQM)

♠ Changed from National Quality Management Program (NQMP) on 28 Jan 07

♠ Clinical quality assurance and improvement program for the Military Health System (MHS)

♠ Under TRICARE Management Activity (TMA)

♠ Performs External Review of Care
  • Web site includes free CME/CEU presentations on results of Special Studies
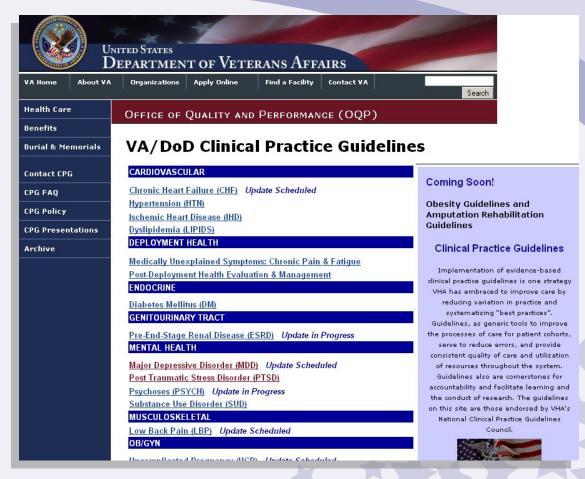
NQMP Special Study 2006 - Use of Clinical Practice Guidelines in MHS

♠ Purpose – Evaluate level of CPG implementation within the Military Health System (MHS)

♠ Process – Web-enabled questionnaire distributed to primary care managers with 50 or more enrollees (~4600 PCMs)

♠ Results – 588 responses (13.46%)

- Low response rate (Army ~ 13%, Air Force ~ 18%, Navy ~ 9.5%)

- Respondents tend to: work in outpatient primary care; have been in MHS < 10 years; completed training in past 5 years and had some training in CPG use

- Generally reported a belief that CPGs are evidence-based standards of care

- Reported a general lack of awareness and infrequent use of VA/DoD CPGs and their associated tool kits

VA Office of Quality and Performance (OQP) Web Site

♠ All VA/DoD CPGs

♠ Tool Kit items

♠ Measurement tools

♠ Links to related CPGs and guideline communities

www.oqp.med.va.gov/cpg/cpg.htm

US Army MEDCOM Quality Management Office (QMO) Web Site

♠ Links to all VA/DoD CPGs

♠ Provider material

♠ Patient information

♠ Implementation documents

♠ Metrics

♠ Helpful links

♠ On-line ordering system for CPG Tool Kit supplies

Army serves as DoD lead for CPG initiatives

www.qmo.amedd.army.mil

Worldwide Web Support for Post-Deployment Health Care
www.PDHealth.mil

♠ Information on deployments

♠ PDH-CPG
  • MDD-CPG
  • MUS-CPG
  • PTSD-CPG

♠ Specific diseases and emerging health concerns

♠ Online clinical tools

♠ Provider and patient education materials

♠ News and information library

What are the VA/DoD Deployment-Related Clinical Practice Guidelines?

♠ Medical

- Post-Deployment Health CPG
- Medically Unexplained Symptoms CPG
- Amputation Rehabilitation CPG   Coming Soon!

♠ Behavioral Health

- Major Depressive Disorder CPG
- Post Traumatic Stress Disorder CPG

Why Focus On Post-Deployment Health Care?

...because our workplace may be hazardous to health

Risks and Stressors

Toxins
Diseases
Trauma
Environmental Exposure
Lack of Sleep
Stress
Long-term Impact on Psychological and Physical Well-being
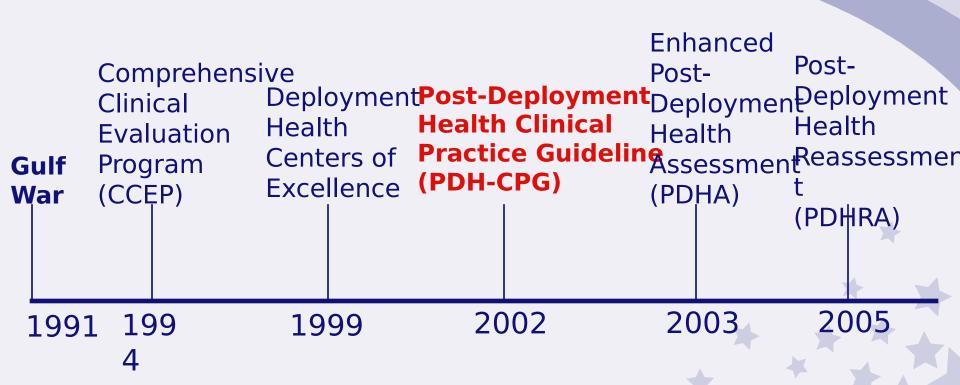
History Made Overly Simple

Before Vietnam
Life & Limb

After Vietnam
Post-Traumatic Stress Disorder

After Gulf War
Toxic Exposure Concerns
Medically Unexplained

DoD Post-Deployment Health Programs Timeline

Gulf War

Comprehensive Clinical Evaluation Program (CCEP)

Deployment Health Centers of Excellence

Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

Enhanced Post-Deployment Health Assessment (PDHA)

Post-Deployment Health Reassessment (PDHRA)

1991   1994   1999   2002   2003   2005

Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

♠ DoD/VA **P**ost-**D**eployment **H**ealth Evaluation and Management **C**linical **P**ractice **G**uideline (PDH-CPG)

- Replaced Comprehensive Clinical Evaluation Program (CCEP)

- Initiated with a worldwide satellite broadcast January 2002 and distribution of Tool Kits to all MTFs

- No change since 2002 except new Toolboxes distributed to MTFs starting in July 2004 and coding guidance modified

PDH-CPG Use Mandated by Health Affairs – April 2002

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

APR 2

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)

SUBJECT: Policy Memorandum -- Implementation of the Post-Deployment Health Clinical Practice Guideline

"All DoD military treatment facilities should now be using the Post-Deployment Health Clinical Practice Guideline …the military unique vital sign question *'Is the reason for your visit today related to a deployment?'* should be asked of every patient…providers will review and employ, as needed, this guideline during their evaluations…"

Overview of PDH-CPG

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

Post-Deployment Health Assessment – DD Form 2796

Primary Care Clinic Visit Military Vital Sign Screening

Post-Deployment Health Reassessment – DD Form 2900

Asymptomatic Concerned
Algorithm 1

Symptomatic With No Diagnosis
Medically Unexplained Symptoms
Algorithm 2

Symptomatic With Diagnosis
Algorithm 3

V65.5 and V70.5_6

799.89 and V70.5_6

Disease Code and V70.5_6

PDH-CPG

Military Unique Vital Sign = Deployment-Related Question

♠ All persons should be asked "*Is your health concern today related to a deployment?*" at every primary care   visit except wellness visits (e.g., periodic exams and preventive care)

♠ **Patient** rather than provider **determination**

♠ Role of Medical Screener

- Ask military unique vital sign question
- Document response in AHLTA or on stamped/overprinted SF600
- Alert provider to "*yes*" or "*maybe*" responses

Stepped Risk Communication Strategy for PDH-CPG

- Important element of PDH-CPG

- Routine primary care assessment/ "routine" trust and rapport building

Concerned, Unexplained Symptoms
-Symptom-based patient education
-Specialty Care consults
-Consult DHCC
-Consider Specialized Care Program for chronic symptoms
Algorithm A2

Concerned, Established Diagnosis
-Disease-centered patient education
-Disease prognosis
-Disease treatment options
Algorithm A3

Concerned, Asymptomatic
-Education: Web and print
-30 minute follow-up appt
Algorithm A1

Unconcerned, Recently Deployed
-Routine rapport and trust-building

- Ascend "risk communication stairs" as outlined above

Asymptomatic Concerned Example

♠ 21 year old SGT Pierce Armor was deployed to OIF from June 2003 - March 2004

♠ No concerns noted on DD Form 2796

♠ Presents to PCM 6 weeks after re-deployment with concern about depleted uranium (DU) exposure. States he has no symptoms

♠ Read *Vanity Fair* article questioning DoD's truthfulness about DU exposure health risks

Vanity Fair Magazine

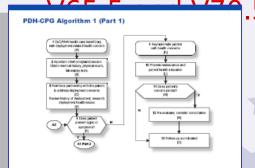# Asymptomatic Concerned Algorithm 1 - Definition and Management

Definition

- ♠ Expresses a health concern, but does not exhibit or describe any discernable illness or injury
- ♠ Concerns may be related to
  - Illness
  - Vaccine or medication
  - Exposure or anticipated exposure
  - Personal experience
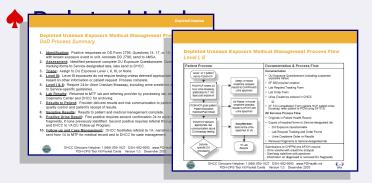 - News media, Internet, etc.

Management

- ♠ Identify patient's health and exposure concerns
- ♠ Provide patient education
- ♠ Schedule a 30 minute follow-up visit. If concern persists re-evaluate
- ♠ Research the concerns. Consult www.PDHealth.mil
- ♠ Document in chart and code V65.5 and V70.5_6 in

PDH-CPG Algorithm 1 (Part 1)

DHCC Depleted Uranium Resources

♠ Policies and Directives

♠ Clinical Guidance

♠ Forms and Measures

♠ Fact Sheets

♠ Other DU-Related Information
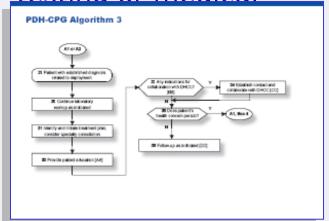
♠ Education and Training

♠ Research

♠ Related Links

PDH-CPG Toolbox DU Card

Available on www.PDHealth.mil

Established Diagnosis
Algorithm 3 - Definition and Management

Definition

♠ Clinically defined injury or disease based on objective and reproducible clinical findings on examination, laboratory testing or medical

PDH-CPG Algorithm 3

Management

♠ Evaluate patient and establish a diagnosis

♠ Manage per applicable disease-specific clinical practice guideline

♠ Consult Specialty Care as needed

♠ Provide patient information

♠ Document in chart and code ICD 9CM code of established diagnosis and V70.5_6 in AHLTA/ADM

♠ Follow-up to monitor status

Medically Unexplained Symptoms Algorithm 2 - Definition and Management

Definition

♠ Symptoms that remain unexplained after an appropriate medical assessment that includes focused diagnostic testing

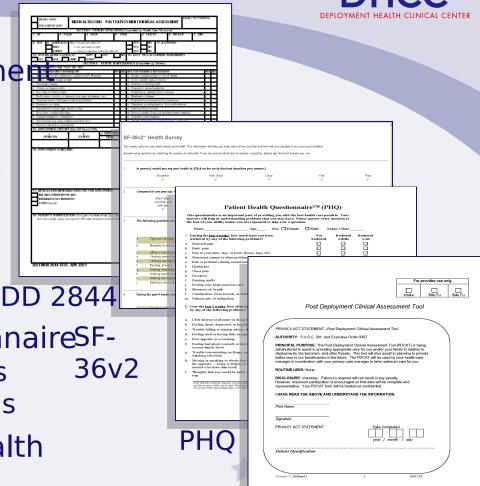♠ Highly recommended that >2 visits be completed before concluding that the patient do recogniza injury

Management

♠ Refer to VA/DoD MUS-CPG

♠ Provide patient education

♠ Emphasize self-management strategies to improve functional status and quality of life

♠ Involve family or other support systems, when possible

♠ Consult with DHCC Clinicians Helpline

♠ Maintain regular follow-up to monitor changes in status

♠ Document in chart and code 799.89 and V70.5_6 in AHLTA/ADM

Supporting Forms and Assessment/Outcome Tools

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

♠ DD Form 2844 Post-Deployment Medical Assessment Form
- Optional for documenting post-deployment evaluation

♠ SF-36v2 Health Survey
- Measures health-related quality of life

♠ PHQ Patient Health Questionnaire
- Screens and monitors status of common health conditions

♠ PDCAT Post Deployment Health Clinical Assessment Tool
- Measures certain aspects of physical and mental health

DD 2844

SF-36v2

PHQ

PDCAT

Forms and primers on www.PDHealth.mil

Deployment-Related Visit Coding

♠ At **All Deployment-Related Visits**, at least **two** ICD* codes must be assigned and documented by the provider. (*International Classification of Diseases)

♠ **Deployment-Related Codes:**
- **Pre-Deployment Related Encounter – V70.5_4**
- **Intra-Deployment Related Encounter – V70.5_5**
- **Post-Deployment Related Encounter – V70.5_6**
- **Pre-Deployment Assessment on DD 2795 – V70.5_D**
- **Initial Post-Deployment Assessment on DD 2796 – V70.5_E**
- **Post-Deployment Reassessment on DD2900 – V70.5_F**

Unified Biostatistical Utility FY 2007 ICD-9 CM Update

Deployment-Related Visit Coding (continued)

♠ **Code In Primary Position:**
When documenting an exam, assessment, or screening encounter when the purpose of the encounter is specifically deployment-related.

♠ **Code In Subsequent Position:**
When documenting an encounter whose primary purpose was not specifically deployment-related, but deployment-related concerns were found that should be coded as additional diagnoses.

Type of Visit	Primary Diagnosis ICD Code	2nd 3rd 4th Diagnosis ICD Code
Asymptomatic Concerned	V65.5	V70.5_6
Symptomatic	Disease-specific	V70.5_6
Medically Unexplained Symptoms	799.89	V70.5_6
P-D Exam Symptomatic	V70.5_6	Disease-specific
Asymptomatic PDHA DD Form 2795	V70.5_E	None

Original 2002 PDH-CPG Tool Kit

♠ Large, heavy 23" x 12" x 11" canvas satchel containing:
- 2.5" Three-ring binder
  – Narrative CPG with questionnaires
  – Sample/description of each tool and support strategy
- 8.5" x 11" Provider Reference Cards
- Documentation form (DD 2844)
- Clinic stamps
- Reference book(s)
- List of related web sites
- Patient informational brochures
- Patient marketing tools

Contents available on www.PDHealth.mil
Order some parts on www.qmo.amedd.army.m

♠ Distributed 1 per 50 providers to every military medical treatment facility in January 2002

PDH-CPG Desk Reference Toolbox

♠ Desktop-Sized Laminated Box
- Desk Reference Cards
- Compact Discs
  – Interactive PDH-CPG
  – MEDCOM CD of Other CPGs
  – 2 PDH-CPG Training CDs

- Sample Clinician and Patient Brochure
- Vaccine Healthcare Center's Im

Contents on www.PDHealth.mil

♠ Distributed 1 per primary care provider in every military medical treatment facility
  starting July 2004
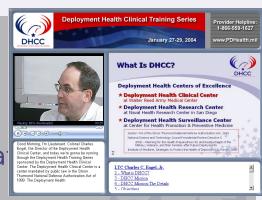
PDH-CPG Training Multi-Media

♠ PDH-CPG Training Briefs
  - 7 video modules from 7-12 minutes on PDH-CPG and DD Forms 2795-2796
  - Developed for providers and support staff

♠ Deployment Health Clinical Training Series
  - 11 modules from 17-47 minutes on
    – PDH-CPG
    – Emerging Health Concerns
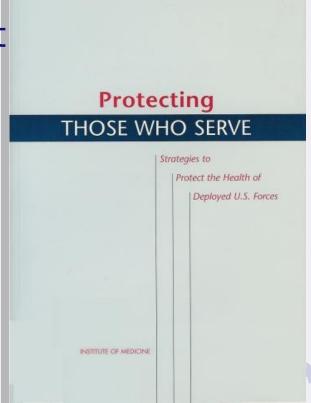   – DD Forms 2795-2796
  - Developed for providers and support staff

Located on CD in Toolbox and on www.PDHealth.mil

Institute of Medicine Report

♠ Strategy 5: "Implement strategies to address medically unexplained physical symptoms in populations that have been deployed."

Protecting
THOSE WHO SERVE

Strategies to
Protect the Health of
Deployed U.S. Forces

INSTITUTE OF MEDICINE

National Academy Press; 2000

Medically Unexplained Symptoms Clinical Practice Guideline

♠ VA/DoD Clinical Practice Guideline for Management of Medically Unexplained Symptoms (MUS): Chronic Pain and Fatigue (MUS-CPG)

- Released in August 2002

- Distribution of Tool Kits to all MTFs in August 2002 and worldwide satellite broadcast in October 2002
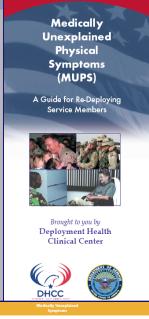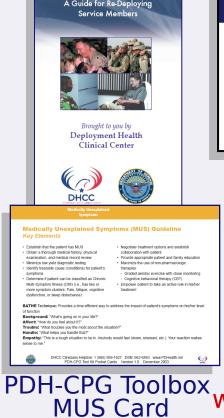
What are the Key Points of the MUS-CPG?

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

- Establish the patient has MUS
- Obtain a thorough medical history, physical exam, and medical record review (Minimize low yield testing)
- Identify treatable cause(s) for patient's symptoms
- Determine if patient can be classified as Chronic Multi-Symptom Illness (CMI)
- Negotiate treatment options and establish collaboration with patient
- Provide appropriate patient and family education
- Maximize use of non-pharmacologic therapies e.g., Graded Aerobic Exercise and Cognitive Behavioral Therapy
- Empower patient to take an active role in his/her recovery

MUS-CPG Resources

VA/DoD MUS-CPG

PDH-CPG Toolbox MUS Card

Available on www.PDHealth.mil

Available on www.qmo.amedd. army.mil

Major Depressive Disorder Clinical Practice Guideline

♠ VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder in Adults

- 3 Clinical Modules: Primary Care, Outpatient Mental Health Care, and Inpatient Mental Health Care

- Released in May 2000

- Distributed Tool Kits to all MTFs in July 2002 and worldwide satellite broadcast in September 2002

- Review and update of Guideline begun in December 2006

What are the Key Points of the MDD-CPG?

♠ Screening

♠ Identify emergencies

♠ Baseline assessment

♠ Assess for physical causes

♠ Psychiatric differential diagnosis

♠ Provide education, discuss options, and jointly choose therapy

♠ Determine site of care – Primary Care versus Mental Health

♠ Initiate and monitor the effectiveness of therapy via scheduled follow-up

- Follow-up every 1-2 wks

- Reassess & adjust at 4-6 wks & 12 wks

MDD-CPG Resources

♠ VA/DoD MDD-CPG Tool Kit
  - Provider Reminders
  - Guideline Summary
  - Exam Room Cards
  - Patient Education Mater[...]
    – Brochures/Posters
    – CD

♠ MDD Web-Page on PDHealth.mi[...]

♠ MEDCOM MDD Forms

♠ PDH-CPG Toolbox MDD Card

View contents on www.PDHealth.mi[...]
Order from
www.qmo.amedd.army.mil

Post Traumatic Stress Disorder Clinical Practice Guideline

♠ VA/DoD Clinical Practice Guideline for Management of Post Traumatic Stress Disorder (PTSD-CPG)

- Five Clinical Modules
  - Core Module – Initial Evaluation and triage
  - Module A1 – Acute Stress Reaction
  - Module A2 – Combat, Ongoing Military Operation Stress Reaction
- Module B – ASD/PTSD in Primary Care
  - Module C – ASD/PTSD in Mental Health Specialty Care
- Released in January 2004
- No Tool Kit or satellite broadcast
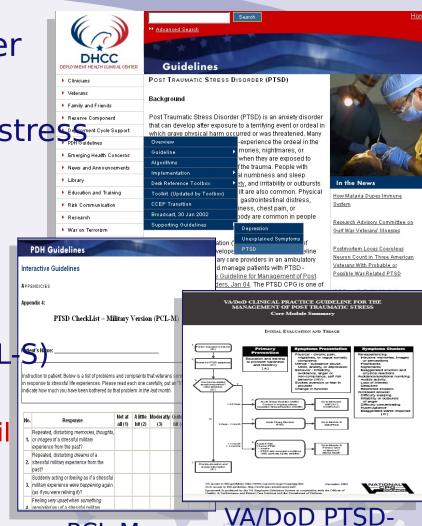
What are the Key Points of the PTSD-CPG?

- ♠ Assess trauma exposure and symptoms
- ♠ Assess dangerousness to self or others
- ♠ Obtain medical history, physical exam and lab tests
- ♠ Assess functioning and risk factors
- ♠ Determine if there are significant symptoms of PTSD
- ♠ Determine if there are coexisting severe mental conditions or substance abuse
- ♠ Provide education, discuss options, and jointly choose therapy
- ♠ Determine site of care – Primary Care versus Mental Health
- ♠ Treat specific symptoms of PTSD
- ♠ Regular follow-up and monitoring

Post Traumatic Stress Disorder Checklists, Primer and PTSD-CPG Resources

♠ Post Traumatic Stress Disorder Checklists (PCL)

- Assesses trauma-related distress
- Self-administered
- 3 Versions
  - Civilian Version (PCL-C)
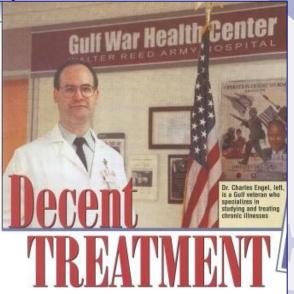 - Military Version (PCL-M)
  - Stress Specific Version (PCL-S)

Available on
www.PDHealth.mil

PDH-CPG Toolbox PCL Primer

PCL-M

VA/DoD PTSD-CPG

Deployment Health Clinical Center
A DoD Center of Excellence

♠ Clinical Services
- Specialized Care Programs
- Clinician and Service Member Helplines
- Worldwide Ambulatory Referral Program

♠ Outreach and Education
- www.PDHealth.mil
- Email Newsletter
- Deployment-Related Education Materials
- Staff Training and Assistance Team
- Annual Force Health Protection Conference

♠ Health Services Research
- Clinical Trials
- Web-Based Treatment
- Web-Based Training

DHCC Experience

Gulf War Health Center
WALTER REED ARMY HOSPITAL

Dr. Charles Engel, left, is a Gulf veteran who specializes in studying and treating chronic illnesses

Decent TREATMENT

♠ Proponent for VA/DoD Post-Deployment Health Clinical Practice Guideline

Questions, Information, Assistance

DoD Deployment Health Clinical Center
Walter Reed Army Medical Center
Building 38
6900 Georgia Ave, NW
Washington, DC 20307-5001

E-mail: pdhealth@na.amedd.army.mil
Website: www.PDHealth.mil

202-782-6563
DSN:662

Provider Helpline
1-866-559-1627

Patient Helpline
1-800-796-9699